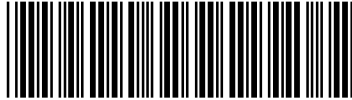


| | | |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------|
| <i>Index of Claims</i>  | Application/Control No. 10577083 | Applicant(s)/Patent Under Reexamination PERMESANG, CLAUS |
| | Examiner JESSICA LAUX | Art Unit 3635 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | <input type="checkbox"/> CPA | | | | | | | | | | <input type="checkbox"/> T.D. | | | | | | | | | | <input type="checkbox"/> R.1.47 | | | | | | | | | |
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| CLAIM | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final | Original | 05/18/2009 | 11/11/2009 | 05/12/2010 | 11/30/2010 | 04/19/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | ✓ | - | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | ✓ | - | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | ✓ | - | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22 | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |